

MINUTES OF OCTOBER 1 & 2, 2002  
JOINT PARAMEDIC/EMT-I TASK FORCE MEETING  
Holiday Inn  
Burbank Airport

| <u>MEMBERS PRESENT</u><br><u>(Paramedic Task Force)</u> | <u>MEMBERS PRESENT</u><br><u>(EMT-I Task Force)</u> | <u>EMSA STAFF</u><br><u>PRESENT</u> | <u>GUESTS</u><br><u>PRESENT</u> |
|---|---|-------------------------------------|---------------------------------|
| Dean Anderson   | Ray Casillas  | Michael Conley                      | Kathy Crow,                     |
| Debbie Becker   | Donna Ferracone                                     | Nancy Steiner                       | Crafton Hills Coll.             |
| Carol Gunter  | Bruce Kenagy  | Connie Telford                      |                                 |
| Jim Holbrook  | Pat Kramm   | Sean Trask                          | Jeff Schneider,                 |
| Tom McGinnis*   | Debbie Meier  |                                     | CE3000                          |
| Mike Metro  | Debi Moffat   |                                     |                                 |
| Frank Pratt   | Dan Paxton  |                                     |                                 |
| Kevin White*  | Karen Petrilla                                      |                                     |                                 |
|   | Veronica Shepardson                                 |                                     |                                 |
| *members of both task                                   | Luanne Underwood                                    |                                     |                                 |
| forces  | Louis Bruhnke                                       |                                     |                                 |

Day 1

**I Discussion on Continuing Education (CE)**

Nancy Steiner explained that before the last revision to the paramedic regulations there was a task force that developed CE guidelines which were subsequently put into the paramedic regulations with some modifications. She explained that because paramedic retesting was eliminated there was some concern among the members of the EMS Commission that there wasn't any way to measure the continued competence of the paramedics. She also explained that the Paramedic Task Force is looking at expanding the CQI provisions of the regulations as a means to measure continued competency of paramedics and that the purpose of CE was for further development of the paramedic in addition to refresher training in knowledge and skills.

The members of the task forces began discussing issues related to CE. One of the issues presented was that the paramedic and EMT-I regulations differ in CE requirements and need to be made more consistent. Also there is a lack of consistency between local EMS agencies in CE requirements for EMT-Is because there is very little criteria regarding CE in the EMT-I regulations. Other points related to CE made by the members of the task forces are as follows:

- ? CE should ensure knowledge and skills sufficiency.
- ? Maintenance of knowledge and skills is different than continuing education.
- ? CE should be an enhancement to basic knowledge and skills.
- ? CE should be evidence based in the sense of an individual provider.
- ? Colorado is looking at CE being partially skills demonstration and partially knowledge based.
- ? CE should be both a review and an enhancement.
- ? We need to understand what the definition of CE is.
- ? The regulations need to broadly define basic standards but they can't meet all needs for CE and shouldn't tie the employer's or the EMT-I/Paramedic's hands.
- ? To the best of our ability, we should try to define structure and basic standards in the regulations that enhances the competency of the EMT-I/Paramedic.

- ? Scenario based courses to strengthen EMT's ability to determine the proper procedure/medication for individual patients.
- ? There should be a requirement for competency based testing as part of the CE process.
- ? The CE requirements should have their own chapter in the regulations.
- ? The regulations should facilitate patient care.
- ? CE should be a combination of competency and knowledge.
- ? It was suggested that the members write a preamble/vision statement regarding CE so this process would continue to move forward.
- ? It was suggested the preamble/vision statement include that CE should be:
  - o CQI driven, become more autonomous, more professional.
  - o Practitioner will continue to function at a minimally competent (National Standard Curriculum) level in an unstable and unpredictable environment.
  - o Measurable, based on scientific principles.
  - o Able to help the practitioner mature and grow.
  - o CE provider should be able to track each CE certificate.
  - o CE provider information downloadable to EMSA database.

The EMS Authority will prepare a draft of a preamble/vision statement based on these principles and email to the members of the task forces for review.

Jeff Schneider from CE3000, an on-line CE provider, gave a presentation to the members of the task forces. He gave a brief background of how his organization developed the system they have by working with educators, regulators, group managers from employers and users that would actually take the CE courses. Items from his presentation regarding CE included the following:

- ? The purpose of CE
  - o Protect patient from improper treatment
  - o Maintain medical control
  - o Keep certified/licensed
  - o Keep abreast of new information
  - o Refresh information not often used
  - o Adjunct to remediation
- ? Evaluating CE
  - o Competency vs. chair time
  - o Difficult to agree on measurement of competency
  - o Chair time easy to measure
- ? Monitoring CE
  - o Dependent on purpose and evaluation method
  - o Combination of prospective, active, retrospective
    - ✍ Approval, monitor, audit
- ? Delivering CE
  - o Educational experience
    - ✍ Be designed around a valid structure
    - ✍ Simultaneously engage learners in multiple learning domains

- ✍ Feedback mechanism
  - ✍ Designed for target audience
  - ✍ Qualified instructors
- Regulatory requirements
  - ✍ Prevent cheating
  - ✍ Easy to audit
  - ✍ Maintain required records
  - ✍ Qualified instructors
  - ✍ Certificate of completion for successful students
  - ✍ Maintain adopted guidelines for student behavior
- ? Suggested criteria for on-line CE providers included:
  - Clearly stated objectives with direct nexus to material.
  - Material presented in multiple learning domains.
  - Student interaction via knowledge reviews and or exercises.
  - Unique student identifiers and secret passwords.
  - Tracking of competency and or student time in course.
  - Automatic auditing with alerts to administrator.
  - Course completion serial numbers.
  - Audit features available to appropriate regulatory staff.
  - Security features for course completion certificates.
  - Numbered Certificates (Certificate Code).
  - Written Student Agreements.

The members of the task forces began reviewing a comparison table of paramedic and EMT-I CE requirements. The following items were discussed:

- ? The EMT-I CE approving agencies should be the same as the paramedic CE approving agencies (LEMSA, EMSA, CECBEMS, other states' EMS agencies).
- ? CE credits for the EMT-I should be the same as paramedic (50 min. = 1 CEU).
- ? The information required on a CE course completion records for EMT-Is should be the same as the requirements for paramedic course completion records.
- ? CE records should be maintained for four years for both EMT-Is and paramedics.
- ? Adding language to the paramedic regulations regarding CE course completion records that states the course completion record is valid to apply for certification/licensure for a maximum of two years and shall be recognized statewide, and a CE certificate can only be used for one certification/licensure cycle.
- ? That the approval requirements for CE providers in the paramedic regulations be adopted in the EMT-I and II regulations.
- ? There was a motion to have one set of regulations for CE for EMT-Is, IIs, and paramedics and if there are any delineations for BLS or ALS that those would be referenced in their respective section of the regulations.
- ? Need to clarify in regulations that a course for both ALS and BLS has to delineate BLS hours and ALS hours.

## Day 2

The members of the task forces continued discussion on CE. Some of the discussion included:

- ? It was suggested that CE requirements should be directed toward the EMTs and paramedics that need the most training/education but others felt CE requirements should be directed toward the majority.
- ? There was a recommendation that an additional task force be created to look at the long term goals for CE and that for now because of time constraints the task forces need to look at what options would best work for the short term.
- ? The goal of the Authority for EMT-I CE is to make the requirements more consistent with the paramedic requirements as far as approval of CE providers, also, requirements for specific topics for CE at the EMT-I level should be addressed.
- ? There was a suggestion that the CE requirement for EMTs include at least 12 hours from the National Standard Curriculum.
- ? If recertification testing is eliminated for EMTs, then CE courses must have required testing, both didactic knowledge and skills demonstration, because recertification testing is currently the only method available to test for competency.
- ? There was a suggestion that there be different tiers of CE, such as, if you complete “X” hours of CE you would be required to test and if you complete “Y” hours of CE you wouldn’t be required to test.
- ? There was a recommendation that EMTs meet one of two options: either complete 24 hours of CE with skills competency testing or pass a recertification exam every two years.
- ? It was suggested that the local EMS Agency determine which of the two options above would be used.

The members began to develop the regulatory language for CE requirements. The topics recommended to be included were the major topics listed in the National Standard Curriculum including but not limited to:

- ? Patient assessment
- ? Airway emergencies
- ? Breathing emergencies
- ? Cardiopulmonary resuscitation/AED
- ? Circulation
- ? Neurological emergencies
- ? Traumatic injuries
- ? Obstetrical emergencies
- ? Medical/Behavioral
- ? Pediatric emergencies
- ? Preparatory

Each CE course will contain a written and/or skills competency based post test related to class objectives that the student is required to pass.

Some general CE requirements proposed by the task force members included:

- ? 50% of CE will cover topics contained in the National Standard Curriculum using any of the following delivery formats:
  - o Classroom – didactic/skills format
  - o Field care audits
  - o College courses in physical, social or behavioral sciences that are directly related to a specific scope of practice. (One quarter unit = 10 CEUs, One semester unit = 15 CEUs) Provider approval is not needed.
  - o Structured clinical experience, with instructional objectives, to review or expand the clinical expertise of the individual. (Limits on CE hours that can be claimed not yet addressed.)
  - o Courses related to indirect patient care or medical operations. (Limits on CE hours that can be claimed not yet addressed.)
  - o Advance topics in subject matter related to prehospital medicine and medical knowledge. (Limits on CE hours that can be claimed not yet addressed.)
  - o Media based and/or serial productions. (Limits on CE hours that can be claimed not yet addressed.) (Should they be required to have specific standards, i.e. CECBEMS approval?)
  - o Precepting students as assigned by the training programs. (Limits on CE hours that can be claimed not yet addressed.)
  - o Individual may receive credit for taking the same CE course no more than two times during a single licensure/certification cycle.
  - o Instructor of any approved EMS course or approved CE course. (Limits on CE hours that can be claimed not yet addressed.) (Can CE credit be claimed by topic of instruction?)

Other discussion regarding the CE requirements included:

- ? It was suggested that identified topics be required to be listed on the CE certificates.
- ? If there are going to be certain CE requirements covering the identified topics, the CE requirements should be broken down in the same modules/headings as the National Standard Curriculum.
- ? The EMS Authority will identify the topics listed in the National Curriculum for discussion at the next meeting.
- ? After a lot of discussion there was a suggestion that a minimum of 50% of CE hours cover the topics of the National Standard Curriculum utilizing any of the formats listed under the general CE requirements and 50% may be in the other optional topics.

The EMS Authority will draft language based on the discussion at this meeting for review at the next meeting.

## **V      Schedule Next Meeting**

The next Paramedic Task Force meeting will be held November 5, 2002 in the Media Room in Terminal A at the Sacramento International Airport. The next EMT-I Task Force meeting will be held November 6, 2002, location to be determined.

## **VI      Adjournment**

The meeting adjourned at 3:30 p.m.